OIPE
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PATENT & TRADEMARK OFFICE

COMBINED DECLARATION AND POWER OF ATTORNEY FOR A PATENT APPLICATION

INVENTORSHIP IDENTIFICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND APPARATUS FOR CONVEYING DESIGN INFORMATION OF COMPUTER AIDED DESIGN (CAD) MODELS

SPECIFICATION IDENTIFICATION

the specification of which

_____ is attached hereto.
__XX__ was filed on __December 22, 2000__ as
United States Application __09/747,332__
or PCT International Application Number _____
and was amended on _____.
(if applicable)

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

POWER OF ATTORNEY

I hereby appoint Aloysius T. C. AuYeung, Reg. No. 35,432; Robert A. Diehl, Reg. No. 40,992; Jason K. Klindtworth, Reg. No. 47,211; Robert T. Watt, Reg. No. 45,890; as my patent attorney/agent; with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send correspondence to:	Direct telephone calls to: *(Name and telephone number)*
COLUMBIA IP LAW GROUP, LLC 4900 SW Meadows Road, Suite 109 Lake Oswego, Oregon 97035	Aloysius T.C. AuYeung 503-534-2800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature: _____ Date: 3-7-01

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Full Name of Joint/Second Inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____ (City, State) Citizenship: _____ (Country)

Post Office Address: _____

Full Name of Joint/Third Inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____ (City, State) Citizenship: _____ (Country)

Post Office Address: _____

Full Name of Joint/Fourth Inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____ (City, State) Citizenship: _____ (Country)

Post Office Address: _____

Full Name of Joint/Fifth Inventor: _____

Inventor's Signature: _____ Date: _____

Residence: _____ (City, State) Citizenship: _____ (Country)

Post Office Address: _____